

Center for Rural Pennsylvania
Public hearing: Confronting the Heroin Epidemic in Pennsylvania
Thursday, April 21, 2016
Geisinger-Lewistown Hospital
Secretary Gary Tennis
Department of Drug and Alcohol Programs

Thank you for the opportunity to testify today. I want to thank Senator Jake Corman for requesting today's hearing. I also want to thank Center for Rural Pennsylvania Chairman, Senator Gene Yaw, the entire board of directors and Executive Director Barry Denk for their commitment to these hearings as a way to raise statewide awareness about this public health crisis.

Despite facing the worst overdose death epidemic ever and the worst public health crisis in the last 100 years, Pennsylvania's response to the epidemic, under Governor Wolf's leadership, has been strong. Our first priority has been to save lives. To stem the rising tide of overdose deaths, Physician General Rachel Levine signed two standing orders that made naloxone, a medication that safely reverses the effects of an opioid overdose, available initially to all first responders and later to all Pennsylvanians. In addition, Governor Wolf ordered in April 2015 all Pennsylvania State Police vehicles to be equipped with naloxone.

Seeing the police as a key partner in the effort to save lives and knowing that municipal police are first on the scene of a drug overdose more than 70 percent of the time according to a Center for Rural Pennsylvania survey, DDAP has been urgently working to equip police with naloxone. Collaborating with health insurers from across the commonwealth, the department raised more than \$600,000 to provide no-cost naloxone to police. To date, police have reversed nearly 800 overdoses, and more than 300 municipal police departments are carrying naloxone.

Still, we face resistance from many police departments concerned primarily about liability and cost, both of which have been addressed. Undoubtedly, stigma also plays a role.

To address the overprescribing catastrophe at its root, DDAP has engineered several initiatives.

DDAP and DOH began work with the Pennsylvania Medical Society to develop continuing education programs to help healthcare providers better understand addiction, intervention and treatment. In collaboration with Pennsylvania's medical school deans, the departments are working to ensure medical school students are properly trained about responsible pain prescribing and how to identify and help those suffering with addiction.

We've worked to provide communities flooded with prescription drugs with a mechanism to safely remove those unused medications. Pennsylvania's Prescription Drug Take-Back Program focuses on preventing diversion and abuse of prescription drugs by helping communities properly dispose of unused prescriptions. With the help of the Pennsylvania National Guard and the Attorney General's Bureau of Narcotics Investigations, the partnership took back and destroyed approximately 40,000 pounds of prescription drugs in 2015. There are more than 400 take-back boxes located across the Commonwealth.

Working with law enforcement, we are promoting and advancing police-assisted action recovery initiatives whereby police departments become a safe haven by opening their doors 24 hours a day for anyone with the disease of addiction who is seeking help. Officers are not to solicit information or arrest anyone. Instead, police officers assist in getting the individual into treatment.

Founded on community-based partnerships among law enforcement and health care and treatment providers, these programs address the stigma associated with substance use disorders. Both models train officers on the disease model of substance use disorders, with the understanding that addiction cannot be legislated, prosecuted, or incarcerated away. It is a disease and must be treated as such.

Yet for all the lives saved, much work remains.

Access to all treatment modalities, including appropriate lengths of stay at inpatient residential facilities along with medication-assisted treatment, must be expanded. We know we do not have enough beds – neither detox nor residential inpatient – across the Commonwealth.

With greater access, we must work to ensure overdose survivors are taken directly to licensed drug and alcohol treatment providers to immediately begin the recovery process. DDAP has created a warm hand-off policy mandating Single County Authorities to develop, implement, and maintain a plan for screening, assessment, treatment and tracking of individuals who have survived a recent overdose in order to ensure expedient, appropriate and seamless care.

We must continue attacking the problem at its roots. DOH and DDAP plan to issue three more sets of opioid prescribing guidelines this year, in addition to six already-published guidelines. The guidelines give healthcare providers direction for safe and effective pain relief practices, with greater emphasis on non-opioid therapies and greater caution to prevent addiction and diversion.

And perhaps above all, we must continue to fight the shame, hopelessness and stigma that keep our addicted friends and family members in denial and deter them from seeking help. More than 23 million people in the United States are living wonderful lives of recovery from the disease of addiction. We must continue to tell their stories and learn from them.